Montana Family Planning Project

Public Comments to Medicaid Family Planning Waiver Proposal Received by Montana Department of Public Health and Human Services As of February 1, 2008

The Montana Department of Public Health and Human Services thanks the numerous people who submitted comments on the Medicaid Family Planning Waiver Proposal. The majority of comments received were favorable to the proposal. Comments received include:

- Family planning is a key prevention strategy in the reduction of unintended pregnancy.
- The payback of improving the health and happiness of our society, by reducing unintended pregnancies and helping women become healthier, is enormous. This waiver is just the instrument to see that Family Planning is available for those of modest means who wish to use it.
- It is important that Montana provide care for the women of Montana who cannot afford to have the care they need in planning their families.
- Women who are able to plan their pregnancies will be able to work their way out
 of poverty. Let's do our small part in supporting women in becoming selfsufficient.
- I believe family planning is of utmost importance in reducing the number of unplanned pregnancies in Montana and across the nation.
- MFPP will provide critical services to the women and families of Montana and we are hopeful that its implementation will be a priority for DPHHS.

DPHHS received five additional comments that entreat responses.

1. Section 1B, describing the environment in Montana, includes a useful table and charts showing Medicaid funded births in the state (pages 6-7). The table shows that for five straight years, Medicaid has funded an increasing percentage of the total births in the state, but this important point is not described in the text. This information should be highlighted, explaining that not only did Medicaid cover more than one-third of Montana births in 2005, but Medicaid is also funding a greater percentage of Montana state births each year.

Response: DPHHS appreciates the analysis and intends to add narrative to the document emphasizing data in the table.

2. Page 12 explains that eligibility redeterminations will be conducted annually for all female adult clients over the age of 19. What about those enrollees under age 19? Please clarify.

Response: DPHHS will reword this section to clarify that eligibility for all enrollees will be redetermined annually.

3. The estimated caseload is static at 4,000 during years 2-5. Why does enrollment in the waiver program not increase along with enrollment in the basic Medicaid program? Is waiver enrollment capped at 4,000?

Response: MFPP enrollment is capped at 4,000 members. Regular and consistent evaluation of the family planning waiver program is essential to ensure federal budget neutrality requirements. Evaluation to increase, decrease, or maintain enrollment will occur every six months, as assured in Section III.A. of the waiver document.

4. The Montana state legislature recently expanded Medicaid coverage to more women by increasing the income threshold for pregnancy-related eligibility. With this change, more women will receive the care they need to ensure a healthy pregnancy, but the corresponding income threshold proposed for this family planning waiver is now too low. Unless the proposed waiver is expanded to include women up to 200 percent of the federal poverty level, many women who could quality for Medicaid when they become pregnant will not be eligible for family planning services to prevent pregnancy. Increasing the income threshold will increase the savings to the Medicaid program, as more unintended pregnancies are prevented and fewer births are funded by Medicaid.

Response: All women who receive Medicaid as a result of pregnancies will be eligible for family planning services to prevent future pregnancies. A pregnant woman with an annual family income of \$26,400 can be eligible for full Medicaid coverage (at 150 percent FPL and family size of three). Assume she loses Medicaid coverage 60 days after her baby is born. She will then be eligible for services under the family planning waiver as long as her family income is \$32,560 or less (amounts based on 2008 federal poverty guidelines).

5. A separate document is attached with a comprehensive list of family planning codes that have been included in other 1115 waivers for family planning. We have noted those codes that are included in the MFPP proposal and would request that DPHHS update its code list to include those items not currently covered by the Project.

Response: CMS has developed a template for family planning service codes that DPHHS must use for its application. We will know in the near future which service codes CMS will allow.

Note: The Centers for Medicare and Medicaid Services (CMS) recently developed a template for states to use for family planning waiver applications. DPHHS is in the process of converting the family planning waiver concept document to the CMS template in preparation for submission to CMS. The completed template will be posted on this website.

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